The Brigade Deep CASEVAC Plan

by Captain David Meyer

Since the inception of reconnaissance, commanders have been faced with how to evacuate deep assets and how to convince scouts that they will survive the next battle. Extended distances, timing, and the lack of authorized personnel and equipment all contribute to the calculus problem — intelligence, surveillance, and reconnaissance evacuation.

Evacuating casualties from the brigade security zone continues to be a challenge — one of connectivity and access. If casualty evacuation (CASEVAC) is to be successful in the brigade security zone, the brigade must create a positive link between the soldiers conducting deep reconnaissance and the medical assets required to save their lives. This requires the commitment of the entire brigade.

The brigade security zone can be populated by a diversity of ISR units, operating across the full spectrum of command and support relationships. Battalion scouts are an organic battalion asset and have interior lines with counter-reconnaissance forces, which directly link the scouts to the battalion treatment teams and Echelon I care. The brigade reconnaissance troop (BRT), the combat observation lasing team (COLT) platoon, and the ground surveillance radar (GSR) platoon are typical residents of the brigade security zone and have no direct connection between the point of injury and an Echelon I treatment facility. To establish this connection, the brigade must leverage assets from all its units. Responsibilities must be clearly delineated during planning and supervised during execution.

The Plan

Before the first ISR asset ever crosses the line of departure (LD) or forward edge of the battle area (FEBA), the brigade must be prepared to support their infiltration and recovery. This is accomplished through Annex L (ISR Operations) of the brigade operations order (OPORD) and through the rehearsal process.

The brigade will generally designate a staff officer as an ISR planner, who primarily constructs and disseminates Annex L. This officer must understand the capabilities and limitations of the brigade's ISR assets, how to work with the medical planner, and the capabilities and limitations of medical assets. In authoring the plan, the ISR planner must ensure several tasks are assigned to subordinate units:

- Ensure the brigade has sufficient medical treatment facilities to accept and treat casualties in support of ISR operations. This preparation represents a major change in timing for the brigade medical units, who are generally prepared to receive casualties just prior to the main battle. Given this new requirement, medical assets must be prepared to support ISR operations as a component of transitioning from one operation to another, and 24 hours sooner than they are currently accustomed.

- Work together to allocate sufficient dedicated evacuation assets to the brigade security zone evacuation effort. This may be an M997 front line ambulance from the forward support medical company or an M113 armored ambulance from one of the task forces. The specific type and origin of the asset is up to the planners based on unit requirements, maintenance status, and a host of other intangible factors. As long as the requirement for dedicated evacuation assets is recognized, tasked, and filled, the brigade has fulfilled its requirements.

- The brigade must direct the battalions along the LD to perform several tasks. The LD/FEBA will be secured, and the units securing it must conduct CASEVAC of brigade ISR assets from a predetermined point, established by the battalions, and fully disseminated to all involved units. In effect, this predetermined point then serves two purposes. The battalions use it as a casualty collection point (CCP) for their own organic ISR assets, and the brigade uses it as an ambulance exchange point (AXP) where evacuation assets supporting the brigade ISR operations can be met and casualties can be transferred to battalion evacuation assets and entered into the medical system. Battalions must be prepared to escort evacuation assets forward to the CCP/AXP with ground combat power. CASEVAC from an Echelon I to an Echelon II treatment facility in the brigade support area is accomplished by combining ground and air transport according to the brigade's SOP.

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To fully synchronize the efforts of all units involved in deep CASEVAC, the brigade uses two forums, the ISR and combat service support (CSS) rehearsals. The ISR rehearsal occurs first and a representative from each unit in the brigade is present. This representative should come prepared to discuss, in detail, the execution of their unit's ISR plan. Additionally, this representative must come to the ISR rehearsal with the proposed location of their unit CCP, which will later function as the ISR AXP. Details, such as radio frequencies and call signs of all recon and counter-recon forces, the type and number of vehicles assigned to the units tasked to conduct the evacuation, and specific procedures for linkup at the AXP, should also be disseminated. These details are critical as a fratricide prevention measure designed to mitigate the risk incurred by converging units approaching one another forward of the LD/FEBA, possibly during hours of limited visibility.

The brigade ISR planner must ensure that the combat health support (CHS) planner briefs the brigade CHS plan. Additionally, the medical planner serves as another set of eyes to ensure the brigade's medical plan can support the width and depth of the brigade's opera-

tion. The brigade CSS rehearsal works the problem from the opposite end. Critical players in the brigade CHS system are present at the CSS rehearsal. The medical commander of the forward support battalion and a medical platoon leader from each battalion must be present. The BRT first sergeant (1SG) attends this rehearsal to coordinate all actions established during the ISR rehearsal with the brigade logistic executors. The BRT 1SG must leave the CSS rehearsal with the confirmed grid location of every treatment team, CCP, and AXP in the brigade, along with the time they will be established.

The Execution

The methods of brigade security zone CASEVAC can be broken into two main categories: evacuation from the point of injury to a unit casualty collection point and the evacuation from that casualty collection point to an AXP. Figure 1 depicts a typical brigade security zone.

Evacuating casualties from the point of injury to a CCP is the responsibility of the affected unit. Using organic assets, the BRT, COLT, or GSR must recover their wounded and evacuate them to the appropriate CCP. During the ISR, medical planners can map CCP routes by using Terrabase, or similar terrain mapping systems, to determine covered and concealed points on the battlefield for collection. These points and routes are then included in the OPORD. A fragmentary order (FRAGO) is issued with the approved locations of the adjacent unit CCPs and the brigade ISR AXPs determined during the ISR and CSS rehearsals. There are basically three ways to transport casualties: recovery by a BRT platoon sergeant to the CCP; self-recovery to the CCP; and self-recovery to the AXP.

Recovery by a BRT platoon sergeant (PSG). The BRT PSG is centrally located and is equipped with an M1026 armored HMMWV, armed with an MK19 machine gun. The PSG can move forward, recover wounded personnel in his vehicle, and evacuate them to the predetermined collection point. In Figure 1, this method would apply to BRT observation posts (OPs) 1 and 2 and to COLT OP 1.

Self-recovery to the CCP. If the compromised OP is closer to the CCP than the BRT PSG, the injured unit assumes responsibility for its recovery. In Figure 1, this method would apply to COLT OP 2.

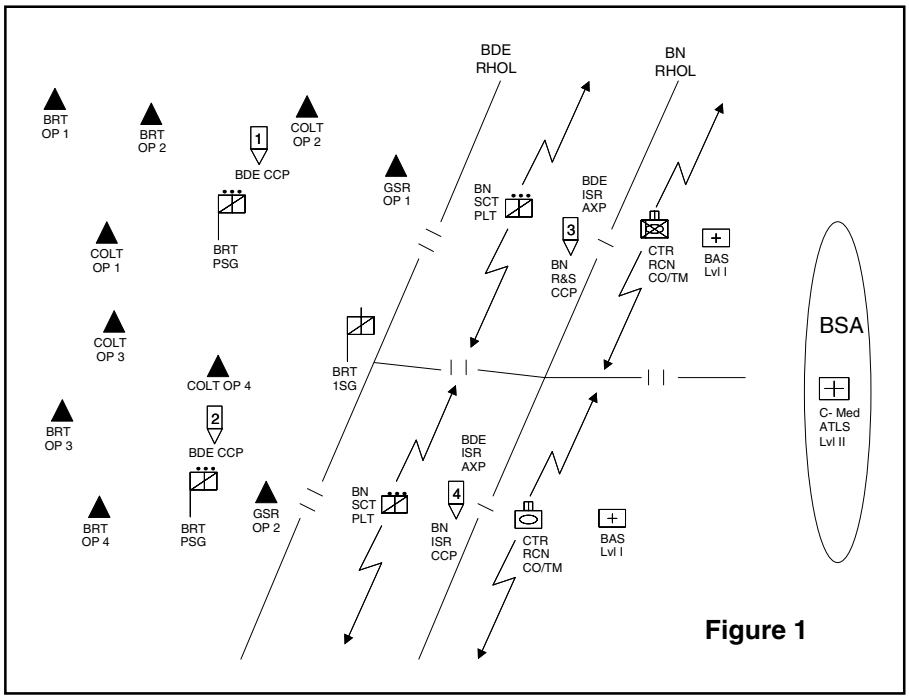

Figure 1

Self-recovery to the AXP. This would occur if the compromised OP was closer to the AXP than the unit tasked to provide evacuation support from a CCP to the AXP. In Figure 1, this method could apply to GSR OP 1.

Evacuating casualties from a CCP to the AXP is the responsibility of the unit controlling the brigade security zone. This is generally the BRT. When properly resourced, the BRT has the command and control capability and evacuation assets required to conduct a rearward passage of lines with evacuation assets to the designated AXP. The primary executor of transport is the BRT 1SG. The 1SG is equipped with an M998 cargo HMMWV and is accompanied by the medical evacuation assets, which can evacuate up to seven litter casualties at once. When notified of a casualty, the troop command post notifies the nearest battalion to activate their ISR AXP on the brigade operations and intelligence radio net. This alerts the battalion to prepare its casualty treatment system to receive a casualty, and alerts counterrecon forces that the 1SG is arriving with a casualty; again, as a fratricide risk reduction measure. Once confirmation is received by the troop, the 1SG moves forward from a central location to the local CCP, links up with the PSG or individual, and transports the casualties through the battalion security zone to the AXP. Once at the AXP, the 1SG must drop to the radio net of the company conducting the evacuation to conduct final coordination for the linkup. The 1SG meets the evacuation assets on arrival, transfers the casualty to the evacuating unit, and the casualty enters the medical system.

The key to successfully transporting casualties to the AXP is synchronizing the movement of the battalion evacuation team forward while the BRT 1SG moves rearward. The brigade ISR planner must ensure that the shift battle captain or noncommissioned officer is fully versed in the plan and is prepared to contact the battalion or brigade for additional guidance.

Studies conducted at the National Training Center by the Rand Corporation have conclusively demonstrated the links between success in reconnaissance and success in battle. The brigade cannot win without the ISR assets and those ISR assets cannot survive without the support and dedication of medical and maneuver assets from the entire brigade.

CPT David Meyer is a 1994 distinguished military graduate of Frostburg State University. He has served in various command and staff positions, including platoon leader and S3 Air, 1st Squadron, 12th Cavalry Regiment; XO, HHC, 1st Brigade, 1st Cavalry Division; commander, D Troop, 10th Cavalry (BRT); and commander, B Company 2-69 Armor, 3d Brigade, 3d Infantry Division. CPT Meyer is currently assigned to the National Training Center as the brigade reconnaissance troop trainer.